

City of Seattle
GUARANTEED RIDE HOME Reimbursement Request
For City Employee Commute Trip Reduction Program Participants

PROVIDER INFORMATION

(To be completed by the Taxi Driver)

DATE

TAXI COMPANYTAXI NUMBER

MILEAGE STARTMILEAGE ENDTOTAL MILES TRAVELLED

COST (WITHOUT TIP) ATTACH RECEIPT

DRIVER'S NAMEDRIVER'S SIGNATURE

EMPLOYEE INFORMATION

(To be completed by the Employee)

EMPLOYEE NAMEEMPLOYEE NUMBER

DEPARTMENTDIVISIONHOME ADDRESS

WORKSITECITYZIP CODE

WORK PHONESUPERVISOR'S APPROVALSUPERVISOR'S PHONE

NORMAL COMMUTE MODE (Please circle one as your primary commute mode to work)
Bus Vanpool Carpool Ferry & Transit combination Drop-off Bicycle Walk Motorcycle

GUARANTEED RIDE HOME TRIP INFORMATION

(To be completed by the Employee)

DATE OF SERVICE TIME OF DAY DESTINATION ADDRESS (OR NEAREST INTERSECTION)

Reason for Service: Personal Emergency Family Illness/Accident Family Emergency
 Personal Accident/Illness Unscheduled Overtime Unscheduled Work

Destination: Home Medical Facility School Day Care Park & Ride
 Other Parking Other (Please Describe)

This reimbursement form must be completed accurately and *include your signature, your supervisor’s signature, and attached receipt from the taxi company to receive reimbursement. This reimbursement must be submitted no later than 10 working days after making the trip. Please submit completed and fully signed-off form to – My Trips, GRH – at SMT 39 00.*

I understand that this request for reimbursement is made in accordance with the provisions of *Guaranteed Ride Home*, which is authorized under the **City Employee Commute Trip Reduction Program** and governed by Ordinance No. 116680. I certify that I am a registered program participant in *Guaranteed Ride Home* and am currently eligible for this service under the provisions of this program.

SIGNED, _____ DATE _____

EMPLOYEE SERVICE EVALUATION

(To be completed by the Employee)

Please take a moment to complete this evaluation of the taxi service you received, and return to the above address.

Please rate the taxi service provider. (Circle one) How long did it take for the provider to pick you up?

Excellent Good Satisfactory Fair Poor _____ Minutes

Other comments you wish to make: _____

